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Bib Data Sheet

CONFIRMATION NO. 7350

|  |   |                                   |   |                                     |                                |
|--|---|-----------------------------------|---|-------------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/509,444   | <b>FILING OR 371(c) DATE</b><br>07/11/2005<br><b>RULE</b>   | <b>CLASS</b><br>424               | <b>GROUP ART UNIT</b><br>1632   | <b>ATTORNEY DOCKET NO.</b><br>15339 |                                |
| <b>APPLICANTS</b><br>Gregor Reid, London, CANADA;<br>Jeremy Burton, London, CANADA;  |   |                                   |   |                                     |                                |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/CA03/00443 03/28/2003<br>which claims benefit of 60/368,169 03/28/2002<br><br><b>** FOREIGN APPLICATIONS *****</b><br><br><div style="text-align: center;"><b>** SMALL ENTITY **</b></div>   |   |                                   |   |                                     |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>CANADA | <b>SHEETS DRAWING</b><br>3  | <b>TOTAL CLAIMS</b><br>19           | <b>INDEPENDENT CLAIMS</b><br>5 |
| <b>ADDRESS</b><br>23389  |   |                                   |   |                                     |                                |
| <b>TITLE</b><br>Lactobacillus iners for the enhancement of urogenital health   |   |                                   |   |                                     |                                |
| <b>FILING FEE RECEIVED</b><br>774  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                     |                                |